

AMENDED IN ASSEMBLY MARCH 7, 2016

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

**ASSEMBLY BILL**

**No. 1696**

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**Introduced by Assembly Member Holden**

January 21, 2016

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An act to add Section 14134.25 to the Welfare and Institutions Code, relating to Medi-Cal.

LEGISLATIVE COUNSEL'S DIGEST

AB 1696, as amended, Holden. Medi-Cal: tobacco cessation services.

Existing law provides for the Medi-Cal program, administered by the State Department of Health Care Services, under which basic health care services are provided to qualified low-income persons. The Medi-Cal program is, in part, governed and funded by federal Medicaid provisions. Existing law provides for a schedule of benefits under the Medi-Cal program. Existing law requires that preventive services assigned a grade of A or B by the United States Preventive Services Task Force be provided to Medi-Cal beneficiaries without any cost sharing by the beneficiary in order for the state to receive increased federal contributions for those services, as specified.

This bill would provide that, only to the extent that federal financial participation is available and not otherwise jeopardized, and any necessary federal approvals have been obtained, tobacco cessation services are covered benefits, subject to utilization controls, under the Medi-Cal program and would require those services to include all intervention recommendations, as periodically updated, assigned a grade A or B by the United States Preventive Services Task Force, and, at a minimum, 4 quit attempts per year. The bill ~~would also~~ *also would* require, only to the extent consistent with the recommendations of the

United States Preventive Services Task Force, tobacco cessation services to include at least 4 counseling sessions per quit attempt and a 12-week treatment regimen of any medication approved by the federal Food and Drug Administration for tobacco cessation. ~~The~~

*The bill would require the department to issue guidelines and enter into agreements to allow a specified state smoker's helpline to furnish nicotine replacement therapy to beneficiaries participating in the helpline's smoking cessation services, and would require the department to issue other guidelines to beneficiaries and managed care programs in connection with the provision and evaluation of tobacco cessation services pursuant to the bill. The bill would require the department to seek any federal approvals necessary to implement those provisions.*

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 14134.25 is added to the Welfare and
- 2 Institutions Code, to read:
- 3 14134.25. (a) Tobacco cessation services are covered benefits
- 4 under the Medi-Cal program, subject to utilization controls.
- 5 Tobacco cessation services shall include all intervention
- 6 recommendations, as periodically updated, assigned a grade A or
- 7 B by the United States Preventive Services Task Force. Tobacco
- 8 cessation services shall include a minimum of four quit attempts
- 9 per year, with no required break between attempts, for all
- 10 beneficiaries 18 years of age and older who use tobacco. For
- 11 beneficiaries under 18 years of age, tobacco cessation services
- 12 shall be provided in accordance with the American Academy of
- 13 Pediatrics guidelines and the intervention recommendations, as
- 14 periodically updated, assigned a grade A or B by the United States
- 15 Preventive Services Task Force.
- 16 (b) For purposes of this section, in addition to the services
- 17 described in subdivision (a) and only to the extent consistent with
- 18 the intervention recommendations, as periodically updated,
- 19 assigned a grade A or B by the United States Preventive Services
- 20 Task Force, tobacco cessation services shall include:
- 21 (1) At least four tobacco cessation counseling sessions per quit
- 22 attempt that may be conducted in person or by telephone and
- 23 individually or as part of a group, at the beneficiary's option.

1 (2) (A) A 12-week treatment regimen of any medication  
2 approved by the federal Food and Drug Administration for tobacco  
3 cessation, including prescription and over-the-counter medications.

4 (B) At least one prescription medication and all over-the-counter  
5 medications shall be available without prior authorization.

6 (C) A prescription from a provider with authority to prescribe  
7 and proof of Medi-Cal coverage shall be sufficient documentation  
8 to fill a prescription for over-the-counter tobacco cessation  
9 medications.

10 (c) Beneficiaries who are covered under this section shall not  
11 be required to receive a particular form of tobacco cessation service  
12 as a condition of receiving any other form of tobacco cessation  
13 service.

14 (d) Effective January 1, 2017, the department shall seek any  
15 federal approvals necessary to implement this section that the  
16 department determines are necessary to implement this section.

17 (e) *By December 31, 2017, the department shall issue guidelines*  
18 *and enter into an agreement that authorizes the California*  
19 *Smokers' Helpline or its successor, as administered by the State*  
20 *Department of Public Health, to directly furnish over-the-counter*  
21 *nicotine replacement therapy to Medi-Cal beneficiaries enrolled*  
22 *in smoking cessation services provided by the helpline.*

23 (f) *By July 1, 2018, the department shall issue guidelines to*  
24 *provide incentives to adult Medi-Cal beneficiaries who use tobacco*  
25 *products in order to motivate them to enroll in and participate in*  
26 *evidence-based tobacco use cessation services.*

27 (g) *By December 31, 2017, the department shall issue guidelines*  
28 *to managed care plans that provide instructions on requirements*  
29 *to annually report tobacco use rates among adults enrolled in the*  
30 *Medi-Cal managed care plan.*

31 (1) *Tobacco use status may be collected at the time of enrollment*  
32 *in the managed care plan. Tobacco use status of other adult family*  
33 *members may be reported via proxy by the primary enrollee.*

34 (2) *The department shall publish and post on its Internet Web*  
35 *site annual adult tobacco use rates for each managed care plan.*

36 (3) *Tobacco use status shall not be used by the department or*  
37 *the managed care plan to deny coverage or treatment of*  
38 *tobacco-related illnesses.*

39 (e)

1     (*h*) This section shall be implemented only to the extent that  
2     federal financial participation is available and not otherwise  
3     jeopardized, and any necessary federal approvals have been  
4     obtained.

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